Scott County Area Fire or Ambulance Services

Volunteer Application

To applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future up grading.

			PERSONA	<u> </u>				
					Date:			
Name:				Social Se	curity No.:			
	Last	First	Middle		•			
Present Add	dress:							
		No.	Street	City	State	Zip		
Telephone No.				DOB				
List any other	er experience	es, skills, or qualificati	ions that you feel w	ould especially fit y	ou for work wit	h our organization.		
RECORD OF EDUCATION								
School	Name and	Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma/Degree		
Elementar	у		Not Applicable	5 6 7 8	Yes/No	Not Applicable		
High				1 2 3 4	Yes/No			
College				1 2 3 4	Yes/No			
Other (Sp	ecify)			1 2 3 4	Yes/No			

PRESENT and PAST EMPLOYMENT								
Name and Address of Company								
Telephone:	Date Worked: From Mo	Yr	To Mo	Yr				
Type of Business:								
Name of Supervisor:								
Reason for Leaving:								
Telephone:	Date Worked: From Mo	Yr	To Mo	Yr				
Type of Business:								
Job Duties:								
Name of Supervisor:								
PERSONAL REFERENCES (Not Former Employers or Relatives)								
Name and Occupation	Address		Phone Numbe	er				
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MILITARY SERVICE RECORD							
Were you in the U.S. Armed Forces? Yes No	If yes, what Branch?						
Dates of duty: From To Month/Day/Year Month/Day	Rank at Discharge						
List Duties in the Service (Include Special Training)							
Have you taken any training under the G.I. Bill of Rights?	_ If yes, what training did you take?						
GENERA	L						
Why are you interested in serving as a fire or ambulance service volunteer?							
How did you learn about being a fire or ambulance service volunteer?							
What are your present hobbies or special interests?							
What are your career goals within the service?							
I certify that the facts contained in this application are true and co authorize investigation of all statements contained herein. I, the upon the volunteer fire or ambulance service for which I am applying	undersigned, will abide by the policies and procedures						
Signature	Date						